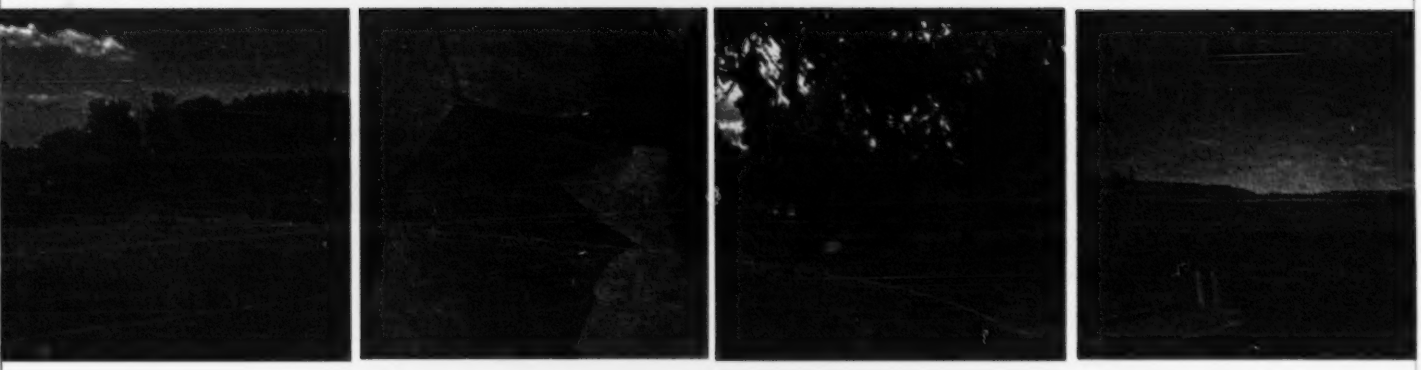
South Eastman Health/Santé Sud-Est Inc.



annual report 2005/06

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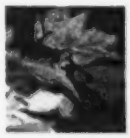
This report is also available in French.
Ce rapport est aussi disponible en français.

MESSAGE FROM AURÈLE BOISVERT
BOARD CHAIR

I have the honour to present the annual report of South Eastman Health/Santé Sud-Est Inc. for the fiscal year ended March 31, 2006.

This annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2006 have been considered in preparing the annual report. The content of this report has been approved by the Board.

This report celebrates our organization and its people, highlighting our shared commitment to fulfilling the Regional Health Authority's (RHA) vision and mission. This was a year of transition with Monique Vielfaure Mackenzie succeeding Reg Toews as Chief Executive Officer (CEO). The Board is pleased with how Monique has overcome the many challenges faced in her first year as CEO, and also recognizes the progress made in the organization's programs and services under her leadership. I would also like to thank Reg for his eight years of dedication to the RHA and to the residents of the South Eastman region.



With an increasing population, a limited budget, and challenges in recruiting and retaining physicians, among others, the Board recognizes the RHA's limited ability to meet all health care needs of its residents. We continue to review how the RHA provides services in order to shift the focus of our resources to health promotion and disease prevention for South Eastman residents. This year, the CEO and I attended a Premier's Economic Advisory Council Round Table, whose objective was to focus on strategies to improve the effectiveness, efficiency and productivity of Manitoba's public health care system. Of the priorities identified, several related to primary health care services, one dealing with prevention, and another with health promotion and wellness. Health is not a program; it is a way of life. The RHA plans to invest more resources and time on initiatives that will enhance residents' ability to take proactive measures towards healthy or healthier lifestyles. This vision is reflected in the RHA's new Strategic Plan for 2006-2011, whereby twelve new strategic priorities will guide the RHA's services and decisions for the next five years.

Residents of the South Eastman region are those who matter most. The RHA will continue to strive towards obtaining adequate funding that is reflective of its high and ever increasing population to provide the quality of care and services that is required.

In closing, I would like to thank the employees, physicians, and the many volunteers and partners of the RHA for their tireless commitment. I would also like to thank Manitoba Health for their support and I look forward to collaborative efforts to optimize residents' health.

Aurèle Boisvert

MESSAGE FROM MONIQUE VIELFAURE MACKENZIE
CHIEF EXECUTIVE OFFICER

I am pleased to present my first annual report as Chief Executive Officer of South Eastman Health/Santé Sud-Est Inc. This report highlights the major accomplishments for the 2005/06 fiscal year, made possible through the collective efforts of the RHA's Board of Directors, employees, physicians, volunteers, as well as numerous community partners and advisory groups.

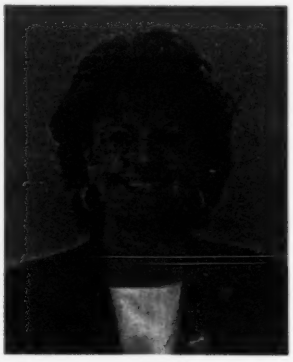
Challenges are inevitable and the RHA experienced a number of these during the past year. This was a year of transition and learning with the RHA having a new Chief Executive Officer, two new Vice Presidents, and numerous new Managers. The sudden passing of some colleagues led to some very trying times for grieving employees. Due to physician shortages, the RHA also faced the curtailment of services in the Emergency Department at the DeSalaberry District Health Centre in St. Pierre-Jolys.

The RHA also enjoyed significant successes over the past year with enhancements to services in mental health, public health, acute care, and emergency medical services, to name a few. As a result, residents will have greater access to health services within the region, with reduced travel and wait times. I am very proud of how employees have grown as they faced numerous challenges, determined to offer the highest quality of care possible to South Eastman residents.

South Eastman Health/Santé Sud-Est Inc.'s financial situation continues to present many challenges. To sustain programs and services in our region, the Board approved a deficit of $1.3 million for 2005/06. I am pleased to report that the RHA actually ended the year with a $748,000 deficit, which is well below the original projection. Our region continues to experience an annual population growth of over 2%, which creates volume pressures on our acute care and community programs and services. The RHA continues to work with Manitoba Health to acquire funding that is representative of its population needs.

In 2006/07, the RHA will begin implementing its five year Strategic Plan. Greater emphasis will be placed on health education as it relates to health promotion, healthy living, as well as prevention of disease and illness. Like other health organizations across the province and the country, the RHA faces the ongoing challenge of staffing shortages. The RHA will continue recruitment efforts to ensure we have the full complement of physicians and staff required to sustain services in our region.

I endeavour to move the organization forward, along with the Board of Directors, in collaboration with the dedication of our employees, volunteers, and community partners. Together, we can achieve our vision of optimizing the health of South Eastman residents.



Monique Vielfaure Mackenzie

BOARD GOVERNANCE

South Eastman Health/Santé Sud-Est Inc. operates under the direction of a Board of Directors, which is accountable to the Minister of Health. It is responsible for setting the policy and direction of the Regional Health Authority. The Board makes decisions and plans its service offer in accordance with its Ends Statements, which are reviewed annually.

Members of the Board of Directors in 2005/06

Aurèle Boisvert, Chair, Ste. Anne
Albert Beal, Vice-Chair, Lorette
Bob Cesmystruk, Secretary-Treasurer, Vita
Henri Bisson, La Broquerie
Patricia Danylchuk, Lorette
James Dewart, St. Pierre-Jolys
Donald Dupuis, St. Adolphe
Cornie Goertzen, Steinbach
Mona Jodoin, Ile-des-Chênes
Norman Klippenstein, Niverville
Bryan Nichols, Dominion City
Beverly Schmidtke, Steinbach
Chris Summerville, Steinbach

The Board oversees the effective implementation of the health plan, the appropriate allocation of funds and the maintenance of effective systems of control and legislative compliance through its four committees:

1. Executive/Governance
2. Audit and Finance
3. Policy Development and Review
4. Community Relations

The Board conducts an annual self-assessment to evaluate its performance and to identify its education requirements. In addition to this, monthly board meetings are held and serve as a continuous improvement process. The Board, in conjunction with the Chief Executive Officer, regularly reviews a variety of reports and scorecards to monitor the performance of the RHA.

The Board continues to meet with various groups and stakeholders as part of its consultations with the public. This year, the Board met with, among others:

- the four District Health Advisory Councils and the Provider Advisory Committee (through two joint Board meetings);
- the East Borderland Community Housing Group;
- the St. Pierre Coalition; and
- Central RHA (as part of the Board's annual retreat).

ORGANIZATIONAL STRUCTURE

The Chief Executive Officer is responsible for all RHA operational activities and reports to the Board of Directors. Corporate functions - Human Resources, Information Systems, Medical Affairs, Finance, Communications, French Language Services, Quality and Corporate Planning, Materials Management, and Construction - are centralized for efficient and effective use of resources.

Program Managers, Supervisors and Coordinators are responsible for major regional programs including: Public Health/Primary Health Care, Mental Health, Home Care, Services to Seniors, Emergency Medical Services, Diagnostic Services, and Palliative Care. Facility managers are responsible for acute care and long term care services in the RHA's four hospitals and three personal care homes. The RHA also has service purchase agreements with three contract sites which provide long term care services, and responsibility for monitoring standards in one proprietary personal care home.

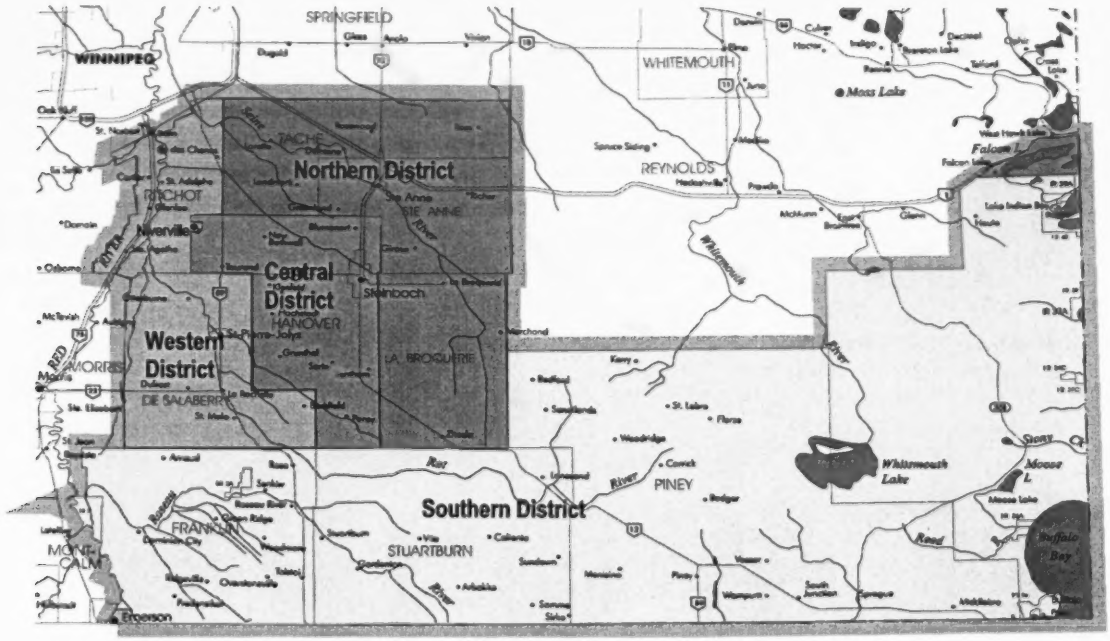
In 2005/06, the RHA experienced several changes in staff, with the hiring of a new Chief Executive Officer, two new Vice Presidents, new Managers in its Mental Health and Public Health/Primary Health Care regional programs, as well as new Managers in three of its acute care facilities.

ADVISORY STRUCTURE

For health planning purposes, the region is divided into four districts: Western, Northern, Central, and Southern. The RHA has one District Health Advisory Council (DHAC) for each one of these districts, as well as one Provider Advisory Committee (PAC) for the region; all of which were established in 1997.

DHAC members provide advice to the Board on appropriate health-related policies and services for their district. As well, DHAC members help the Board communicate its policies and activities to their communities.

The PAC facilitates communication between the RHA Board and care providers, as well as advocates for good health for all members of the community. It identifies local needs and makes the RHA Board aware of care provider opinions important to decision-making and planning.



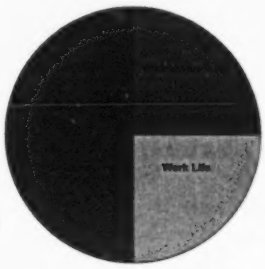
MAJOR ACCOMPLISHMENTS

This year marks the final year of reporting on the 2001-2006 Strategic Plan and the following four strategic priorities: quality basic services, population/service priorities, services closer to home, and health not only health care.

QUALITY BASIC SERVICES

Quality of Care

The RHA completed, for the first time, a full circle of scorecard reports on patient safety and on the quality of care in South Eastman as they relate to: system competency, responsiveness, client/community focus, and work life. This year's Patient Safety Scorecards provide the RHA with occurrence data on all sites within the region, forming a baseline of information. This data is distributed to all Regional Managers and Quality Team Leaders to assist in developing strategies and setting targets to improve patient safety. The RHA will continue to provide quarterly reports on quality of care and patient safety.



Capital Projects Update

- Ste. Anne Hospital's capital project was completed, addressing safety and security requirements to the patient ward and nursing station. In addition, two new labour/delivery/recovery/post-partum (LDRP) rooms were constructed, sponsored completely through the Fonds Hôpital Ste. Anne Foundation. A community event to highlight these improvements was held in November 2005 with Ministers Sale and Lemieux, as well as Mr. Vic Toews and community residents attending. The next targeted phase for renovations and upgrades, pending funding approval, includes renovations to the hospital's operating and recovery rooms.

- The long awaited regional Cancer Care – Birthing Centre project at Bethesda Hospital is nearing its design completion and is expected to be tendered in 2006. This capital addition to Bethesda Hospital will address numerous space and standards challenges that currently exist due to the region's patient volumes and aging facilities. This project is expected to be completed in 2007.

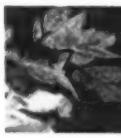
- The RHA received funding approval to renovate the existing EMS garage in Ste. Anne. This will address needs related to office space, crew quarters, and functionality concerns. Renovations are expected to be completed in the summer 2006.

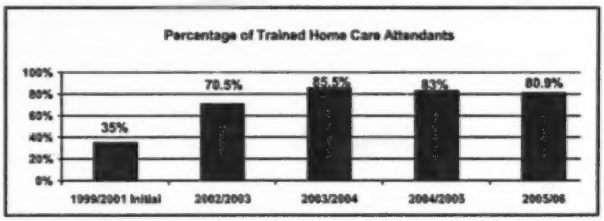
Patient Safety

Patient safety has gained significant provincial and national attention. Work has begun on the Patient Safety goal requirements identified by the Canadian Council of Health Services Accreditation (CCHSA) for the upcoming survey in 2008. The RHA has signed up for "Preventing Surgical Site Infections" and "Prevent Adverse Drug Events by Implementing Medication Reconciliation"; two of six interventions in the "*Safer Healthcare Now!*" national campaign underway to improve patient safety across Canada and the quality of care. The RHA is also participating in an educational program to assist staff in the implementation of these initiatives, known to improve patient safety.

Skills Training in Home Care

Prior to the health care aide course being offered locally to our home care attendants, only 28% to 42% were trained. Courses have been offered intermittently in the region over the past 6 years, improving this percentage to nearly 90%. Training will continue and once all health care attendants are trained, the RHA will begin annual critical skill sessions, which will allow for the review of skills to enhance quality of care and mitigation of risk in the Home Care program.





Emergency medical services (EMS)

The RHA received an increase to its base funding which resulted in changes to the EMS staffing structure and the creation of new full-time EMS positions.

Information System Initiatives

A significant portion of the RHA's yearly basic equipment budget is used to maintain existing information system (IS) services. The RHA received new base funding in 2005/06 for expanded network connections, and also developed a comprehensive Information Management Plan. Additional funding is required to address on-going program needs and expand IS initiatives/resources in the region.

Infection Control

- With recent global outbreaks of respiratory illnesses, it is essential to recognize the fundamental importance of basic infection control measures in preventing the spread of severe respiratory infections. A new regional policy was implemented whereby hand washing stations and face masks are available at the entrance of our facilities. A trial period for waterless hand scrub also occurred. The result has been extremely positive with visitors, clients and staff using these stations. This initiative brings the RHA into line with provincial guidelines.

- The creation of a Regional Infection Control Coordinator position marks significant progress in an effort to invest resources towards prevention and health promotion. The RHA's Regional Infection Control Committee is currently reviewing the consistent reporting of all infections by all sites to ensure reliable reporting. It has also begun to implement two-step tuberculosis testing for all residents in long term care. These measures will provide baseline information on the status of residents and further contribute to resident, family and staff safety.

- Planning for the impact of pandemic influenza on the South Eastman region has begun with the creation of a steering committee and the coordination of staff workshops. A community workshop with local governments also led to the start of collaborative planning efforts between municipalities and the RHA.

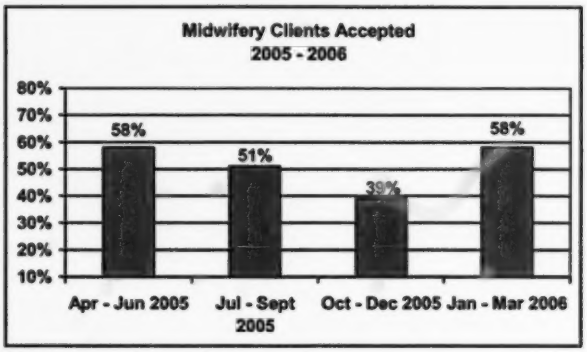
  The objective is to complete a comprehensive Pandemic Plan in 2006/07, and to coordinate education and awareness initiatives with staff and the community on this topic.

French Language Services

A successful partnership with the Table de concertation régionale Sud-Est (a regional round table) resulted in the completion of a revised five year French Language Services Plan, as well as securing one-time funding for a regional French language primary health care project in the region. The strategies and actions of this new five year plan will assist the RHA in making French language an integral part of its services and programs. Through the French language primary health care project, the RHA aims at extending French language medical consultation services, and establishing the beginning of two community health centres by the end of September 2006. This will enhance residents' access to health information and health services in French and English, closer to their home.

Midwifery

A fourth midwife was hired in January 2006 to help address the increasing demand for midwifery services, due in part to a steady and relentless increase of immigrants to the region (2% per year). In 2005/06, there were 252 requests for midwifery services, a significant increase from 185 in 2004/05. A total of 102 requests were declined, up from 49 in 2004/05, due to full caseloads. Therefore, only 58% of referred clients were accepted this year.



Enhancement of Mental Health Services

Under the leadership of a new Mental Health Program Manager, significant enhancements were made to this program in 2005/06.

- A Mental Health Client information system is currently under development which will contribute to a seamless service delivery for consumers accessing Mental Health services. The RHA is also currently conducting a review in the areas of caseload and Proctor Service. The caseload review will examine caseload size, as well as geographic distribution and composition. This will assist in prioritizing and managing caseloads within the region across the age spectrum. The Proctor Review will examine numbers of consumers receiving support and financial capacity to expand the program within current fiscal realities.

- The RHA also completed a comprehensive review of service components to enhance client accessibility.

- The Mental Health team developed new policies and procedures relating to streamlined services in Access and Mobile Crisis Services.

- The RHA also expanded its capacity to provide adult and intensive case management services through increased funding from Manitoba Health.

- Due to increasing volumes in Mental Health and the region's population growth, the RHA is now seeking a full time clinical psychologist for South Eastman alone. This is an area where the RHA hopes to move forward, contingent on additional funding as identified in its Health Plan.

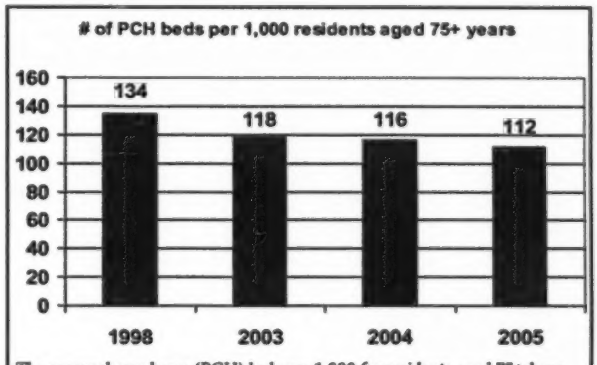
- The need to establish a Crisis Stabilization Unit (CSU) in South Eastman is increasing and remains a high priority. Between 2004 and 2005, the number of clients transported out of region to access crisis stabilization services increased by 30%. Crisis line calls have also increased by 61% since 2004. Currently, suitable crisis intervention services require individuals to travel up to 4 hours creating additional hardships for clients and their families. The RHA recognizes the need for a CSU and continues to advocate for one. Best Practice guidelines identify that a CSU should be part of all local Mental Health Programs as it provides intensive support, structure, safety, security and supervision in an environment that is more cost effective and more normative than a traditional psychiatric facility or hospitalization.

Resources for Long Term Care

The Personal Care Home Standards regulation of the Health Services Insurance Act came into effect on August 1, 2005. All seven personal care homes located in the South Eastman region were visited by a review team to assess compliance with the standards. Funding was also received allowing the RHA to hire a Staff Development Coordinator - Long Term Care, who will provide support in the implementation of these standards.

Housing for Seniors

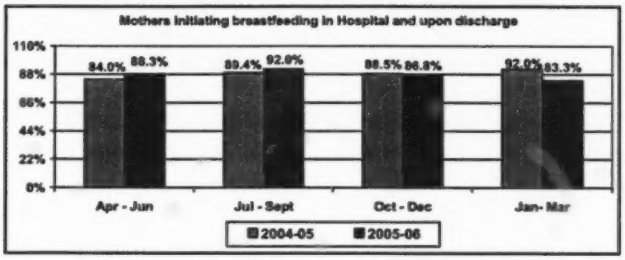
After a few years of planning, initiatives were developed for a pilot project that would address the need for personal care beds, supportive/assisted living programming and elderly persons housing for small populations. By partnering with East Borderland Community Housing Inc., a local non-profit group that has assumed responsibility for the construction of an elderly persons housing unit, the RHA has worked with the RM of Piney to attain the required community contribution towards the construction of an attached personal care home. The complex will be located in Sprague juxtaposed to the East Borderland Primary Health Care Centre. The RHA has initiated discussions with Manitoba Health to facilitate this community vision becoming a reality within the next five years.



The personal care home (PCH) beds per 1,000 for residents aged 75+ have steadily been decreasing since 1998. Increases in the 75+ population have had an impact on the actual numbers of South Eastman seniors requiring admission to a PCH. Currently, the region has 119 seniors on the waiting list for PCH beds. The majority of seniors are waiting 6-12 months for admission. Five seniors waited up to 19 months for a PCH bed. Work is being done to address Long Term Care needs through a provincial and regional approach.

Breastfeeding

Providing breastfeeding initiatives is important as breastfeeding is known to contribute to population health and healthier children. Based on its Regional Breastfeeding Framework, the RHA targeted a goal of 90% breastfeeding initiation at hospital discharge for this past year. In 2005, out of the 840 births to residents of South Eastman, 756 were breastfeeding at the time of discharge from hospital according to the postpartum referrals received by our RHA. This includes all births to residents, not just births in our region.



Early Years

- Through enhanced funding from Healthy Child Manitoba, the RHA's Families First program (formerly known as Baby First) has been expanded. In the past, families were offered services during the prenatal and early post-partum periods for up to three years. A family is now offered home visitation services at any time in early childhood up until the child turns five years of age. This results in South Eastman's most vulnerable families having greater access to home visitation services and allows the RHA to further support the development of a continuum of services for children from conception to Kindergarten.

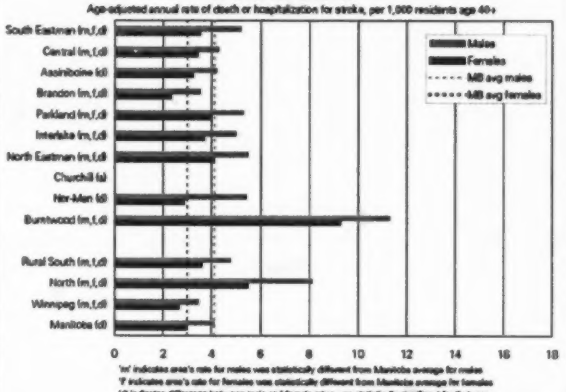
- Through a partnership with Manitoba Education, and Family Services & Housing, the RHA received a Children's Therapy Initiative grant, which enabled it to complete an environmental scan of the current status of therapy services provided to children in our region. This also resulted in the development of a service delivery plan which is better coordinated, accessible and equitable for all children. Implementation of this new revised service delivery plan is dependent on further provincial funding.

- Phase 3 of *Tots* was launched and consists of a community-based early childhood study tracking the developmental progress of approximately 500 children in South Eastman. *Tots* is unique to Manitoba and of national importance, providing for the first time a scientific picture of children's evolving development and the influences of early learning and child care experiences. The project runs until May 2006.

Disease prevention

Chronic Disease Prevention Initiative (CDPI) is a five year community focused initiative that builds on a comprehensive, integrated approach. The RHA has received funding to implement this initiative which emphasizes local partnerships, citizen engagement and community development as a means to prevent the premature onset of chronic diseases, including cancer, cardiovascular disease, diabetes, kidney and lung disease in Manitoba. South Eastman's CDPI initiative is regionally focused and community led, with District Health Advisory Councils taking a key role. Activities will be aimed at tobacco cessation, healthy eating and physical activity as these are the areas that can most impact chronic disease prevention. The RHA looks forward to the launch of this new project in the fall of 2006.

Figure 3.10.1: Stroke Incidence Rates by RHA, 1998/99 – 2002/03

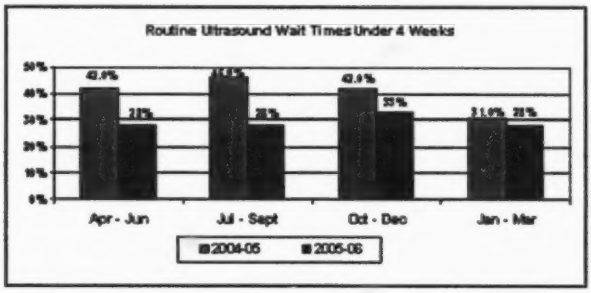


Overall, stroke incidence rates are substantially higher for males than females with the exception in our region in the Western District. In South Eastman, the stroke incidence rates are higher for males and females, statistically significan from the provincial average.
This information can be used for overall health planning to include illness prevention and health promotion activities.

SERVICES CLOSER TO HOME

Reducing Waiting Times

- The patient need for ultrasounds in South Eastman continues to increase, presenting challenges for both regular and urgent ultrasounds. A second ultrasound machine has been purchased for Bethesda Hospital, and a second ultrasound technologist will join the RHA in August 2006. With having both ultrasound machines staffed, it is anticipated that the wait times for ultrasounds will better meet the needs of the residents in our region with enhanced access locally and less referrals outside the region. This initiative will assist us in meeting one of the Canadian Council on Health Services Accreditation (CCHSA) key recommendations, which was to address ultrasound wait times.



- CCHSA also recommended the Community Health Service Team develop an action plan and process to address the lengthy wait times for Audiology services, particularly for the infant and pre-school population. An external review was completed providing insight to assist in the development of this action plan. The RHA has also implemented a pre-screening process to determine whether new referrals require further assessment, medical attention or if their hearing is within normal ranges. This process has been facilitated by the June 2005 purchase of Otoacoustic Emission equipment.

Pallium training

The RHA received special federal funding through the Primary Health Care Transition Fund, making it possible for the region to host a second Pallium weekend. The Pallium project is committed to actively build on the vision of "Quality End-of-Life Care" for every person in Canada. The RHA owns the courseware and after hosting this second course, has now provided training to 36 nurses working in home care or facilities, 15 physicians, 4 pharmacists, a social worker and the Volunteer Coordinator. The RHA plans to continue to provide education and professional development opportunities to improve palliative services in this region.

CHALLENGES AND FUTURE DIRECTIONS

Strategic Priorities

For 2006-2011, the RHA has developed a Strategic Plan that identifies twelve strategic priorities. In the next five years, the RHA's decisions, planning and initiatives will focus on priorities within each of the following areas:

1. Population Growth
2. Acute Care
3. Long Term Care
4. Primary Health Care
5. Palliative Care
6. Mental Health
7. Population Health
8. Health Promotion & Illness Prevention Education
9. Research
10. Quality
11. Patient Safety
12. Human Resources.

The following are action items for 2006/07:

Population Growth

- Seek increased base funding proportional to size and characteristics of the growing and changing population.

Mental Health

- Strengthen education/awareness for clients, staff, and the public.
- Enhance prevention and health promotion around mental health.
- Enhance community support services, including proctor services, for people dealing with mental health challenges.

Health Promotion and Illness Prevention Education

- Have health promotion/illness prevention and education form core components of all regional programs and services.

Quality

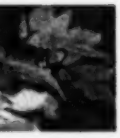
- Develop and implement program service goals/ opportunities for improvement jointly by the quality teams and regional management representative.
- Develop and implement a regional policy to share service concerns and opportunity for improvements with the appropriate staff/teams as learning opportunities.
- Alleged Abuse and Respect in the Workplace policy in place to address disrespectful and abusive behaviours.

Patient Safety

- Adopt Patient Safety as a strategic priority.
- Submit quarterly patient safety reports to Board.
- Develop Disclosure Policy.
- Infection rates monitored and shared with staff.
- One patient safety-related prospective analysis conducted per year.
- Effective mechanism employed for transfer of information at interface points.
- Annual training on patient safety to all staff.

Health Promotion and Illness Prevention

After having recently completed a focused facilitation session with Public Health, Home Care and Community Partners, the RHA can now proceed to develop a regional Mental Health Promotion Community Plan. As part of the 2006/07 Plan, Community Mental Health will launch an Employee Assistance Plan (EAP) Awareness Campaign. The Campaign will travel to all Community Health offices and Facilities in the South Eastman Region, and will provide staff with relevant current information to assist them in prioritizing their own mental health by increasing awareness of the EAP services available to them, ultimately contributing to a climate of Health Promotion and Illness Prevention in the workplace.



Another initiative will see the RHA participate in a two-year provincially and federally funded project for the prevention of early childhood tooth decay. The objectives of the project are to gain community acceptance of the importance of the issue; to build on existing programs which target young children; to increase parental knowledge of early childhood caries; to increase knowledge of existing service providers and to encourage existing service providers to incorporate prevention activities into their practice. The RHA will be receiving services from the Oral Health Facilitator hired by North Eastman Health Authority as per an arrangement through Manitoba Health.

Resource Utilization and System Competency

Findings of a resource optimization review by Deloitte Inc. in our region, as initiated by Manitoba Health, indicated there is potential for efficiencies to be gained in the region's acute care bed management. The RHA has identified a new performance deliverable whereby it can promote a shift to improve the efficient use of resources in its emergency departments, acute care and long term care beds, discharge planning and ambulatory care. This will allow the RHA to address the new Long Term Care Strategy, as well as the new Aging in Place policy.

Rehabilitation Services

There is a great need for an integrated Rehabilitation Program in the region that could provide services not only to the clients in hospital but also in the community. Additional human and fiscal resources are required in order to effectively be able to offer a full range of Rehabilitation services to all of our clients. The Children's Therapy Initiative environmental scan conducted in 2005/06 further supports this direction.

Improvements to Bethesda Hospital

As a result of the region's population growth and residents accessing services closer to home, emergency department and surgical volumes continue to rise at Bethesda Hospital, forcing the health care system infrastructure beyond its existing capacities. Last year, over 24,000 clients attended the Bethesda Hospital Emergency Department with a significant number in the category of urgent/ emergent. Growing patient volumes and increased patient acuity is placing undue workload stress on the Bethesda ER staff and physicians. The current Emergency Department and Surgical Suite/Unit at Bethesda Hospital no longer allow us to fully meet space, volume and standards requirements. The RHA requires additional funding to proceed with upgrades and enhancements to these facilities Bethesda Hospital.

Website Improvements

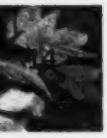
The RHA will initiate the re-design of its public website whereby information will have a greater focus on its 12 new strategic priorities. This project will also include the creation of a staff intranet site and introduce a content management approach, allowing for a decentralized and more efficient updating process. The RHA website will become an important vehicle to provide information about the RHA and its activities to a broad cross-section of stakeholders and the public.

SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.
Condensed Statement of Financial Position

March 31	Regional Health Authority	Contract Facilities	2006 Consolidated	2005 Consolidated
Assets				
Current Assets				
Cash	$ 1,410,845	$ 169,673	$ 1,580,518	$ 2,355,362
Accounts receivable	1,080,215	346,188	1,426,403	1,108,739
Due from Manitoba Health	272,026	135,502	407,528	-
Inventories	899,801	88,550	988,351	769,629
Prepaid expense	221,902	14,364	236,266	142,595
Vacation entitlements receivable	2,165,279	488,270	2,653,549	2,653,549
	6,050,068	1,242,547	7,292,615	7,029,874
Retirement obligations receivable	1,898,575	458,577	2,357,152	2,357,152
Restricted assets	198,317	-	198,317	306,378
Capital assets	39,119,163	11,736,265	50,855,428	50,939,758
	$ 47,266,123	$ 13,437,389	$ 60,703,512	$ 60,633,162
Liabilities and Net Assets				
Current Liabilities				
Bank indebtedness	$ -	$ 170,680	$ 170,680	$ -
Accounts payable and accrued liabilities	3,142,920	684,751	3,827,671	2,986,418
Accrued vacation entitlements	2,378,150	570,948	2,949,098	2,736,559
Current portion of long-term debt	-	168,640	168,640	168,640
Due to Manitoba Health	-	-	-	400,877
Unearned revenue	418,825	4,335	423,160	318,133
	5,939,895	1,599,354	7,539,249	6,610,627
Accrued retirement obligations	2,550,293	458,577	3,008,870	2,540,629
Long-term debt	-	652,750	652,750	881,414
Deferred Contributions				
Expenses of future periods	1,097,152	180,700	1,277,852	1,227,916
Capital assets	38,298,551	10,769,310	49,067,861	48,932,301
	39,395,703	10,950,010	50,345,713	50,160,217
Commitments and contingencies				
Net Assets				
Investment in capital assets	820,612	145,565	966,177	957,403
Externally restricted - Contract Facilities	-	(368,867)	(368,867)	1,703
Externally restricted	198,317	-	198,317	306,378
Unrestricted	(1,638,697)	-	(1,638,697)	(825,209)
	(619,768)	(223,302)	(843,070)	440,275
	$ 47,266,123	$ 13,437,389	$ 60,703,512	$ 60,633,162

SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.
Condensed Statement of Operations

For the year ended March 31	Regional Health Authority	Contract Facilities	2006 Consolidated	2005 Consolidated
Revenue				
Province of Manitoba				
Health	$ 46,906,358	$ 6,864,029	$ 53,770,387	$ 49,952,173
Other	729,181	-	729,181	586,679
Government of Canada	324,406	81,925	406,331	411,743
Non-insured income	2,256,540	2,083,028	4,339,568	4,169,810
Other income and recovered services	210,304	6,227	216,531	211,827
Ambulance income	555,153	-	555,153	514,422
Amortization of deferred contributions	2,389,507	436,777	2,826,284	2,609,805
	53,371,449	9,471,986	62,843,435	58,456,459
Expenditures				
Acute care services	17,708,926	-	17,708,926	16,230,591
Long-term care services	7,314,226	9,422,420	16,736,646	15,411,895
Community based home care services	10,707,567	-	10,707,567	9,870,440
Community based health services	4,790,092	-	4,790,092	3,703,757
Medical remuneration	3,493,565	-	3,493,565	3,326,365
Diagnostic services	2,929,397	-	2,929,397	2,729,448
Amortization of capital assets	2,389,507	436,777	2,826,284	2,609,805
Community based mental health services	1,882,637	-	1,882,637	1,798,135
Emergency Medical Services	1,646,477	-	1,646,477	1,587,739
Regional Health Authority costs	1,357,909	-	1,357,909	1,325,229
Interest on long-term debt	-	39,219	39,219	38,511
	54,220,303	9,898,416	64,118,719	58,631,915
Deficiency of revenue over expenditures for the year	$ (848,854)	$ (426,430)	$ (1,275,284)	$ (175,456)
Allocated as follows				
Externally Restricted	$ (100,000)	$ (426,430)	$ (526,430)	$ (26,971)
Unrestricted	(748,854)	-	(748,854)	(148,485)
	$ (848,854)	$ (426,430)	$ (1,275,284)	$ (175,456)



Auditors' Report

To the Board of Directors of
SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.:

The accompanying condensed statements of financial position and operations are derived from the complete financial statements of South Eastman Health/Santé Sud-Est Inc. as at March 31, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated May 30, 2006. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the condensed financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete statements of operations in accordance with the criteria described in the Guideline referred to above.

These condensed financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operation and cash flows, reference should be made to the related complete financial statements available at the offices of the Authority.

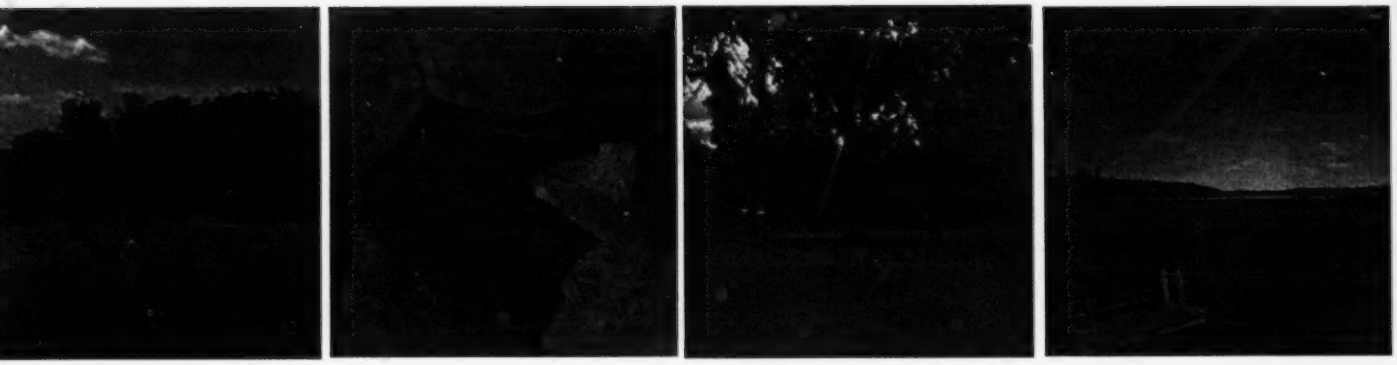
BDO Dunwoody LLP

Chartered Accountants
Winnipeg, Manitoba
May 30, 2006

A complete set of Financial Statements, Auditors' Report and the Public Sector Disclosure Report can be obtained from the RHA Corporate Office by calling 424-5880.

South Eastman Health/Santé Sud-Est Inc.

General Information	
Corporate Office	424-5880
Toll Free	1 866 716-5633
E-mail	corp@sehealth.mb.ca
Hospitals	
Bethesda Hospital	326-6411
Centre médico-social DeSalaberry District Health Centre	433-7611
Hôpital Ste. Anne Hospital	422-8837
Vita and District Health Centre	425-3804
Primary Health Care Centres	
East Borderland (Sprague)	437-3015
Niverville	388-7060
Personal Care Homes	
Bethesda Place (Steinbach)	326-6411
Repos Jolys (St. Pierre-Jolys)	433-7443
Whispering Pines Lodge (Vita)	425-3325
Contract Long Term Care Facilities	
Menno Home for the Aged (Grunthal)	434-6496
Rest Haven Nursing Home (Steinbach)	326-2206
St. Adolphe Personal Care Home	883-2181
Villa Youville (Ste. Anne)	422-5624
Programs and Services	
Audiology	346-6250
Community Cancer Care	346-5160
Diagnostic	326-6411
Emergency Medical Services	346-7028
Home Care	346-6122
Mental Health	346-7035
Mobile Crisis Unit	326-9276/1 888 617-7715
Midwifery	433-3218
Palliative Care	433-7636
Public Health/Primary Health Care	346-6145
Services to Seniors	346-6256
Community Services	
Dominion City	427-3460
Lorette	878-5000
St. Adolphe	883-2243
Ste. Anne	422-8817
St. Pierre-Jolys	433-7636
Steinbach	346-6123
Vita	425-3859



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